

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	3					
6	3					
7	3					
8	1					
9	1					
10	1					
11	2					
12	2					
13	1					
14	1					
15	2					
16	1					
17	1					
18	1					
19	1					
20	2					
21	2					
22	2					
23	4					
24	1					
25	1					
26	1					
27	1					
28	3					
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30	1					
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48		1				
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50						
TOTAL IND.	6					
TOTAL DEP.	43					
TOTAL CLAIMS	49					

	IND	DEP	IND	DEP	IND	DEP
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